

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Henry Bittner</i>		Town <i>Oadeand</i>		County <i>Garrett</i>		MAYLAND	
Died at		Date of death 190 <i>5</i>		Month <i>nov</i>		Day <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>about 33</i>		Months <i>22</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>		Birth- place <i>Prima</i>		Days	
Name of Wife or Husband <i>Mosses</i>				Father's Name <i>Wm Bittner</i>			
Mother's Maiden Name				Mother's Birthplace <i>Pa</i>			
Name of person giving In formation <i>J.G. Delby</i>				How related to deceased <i>nms</i>			

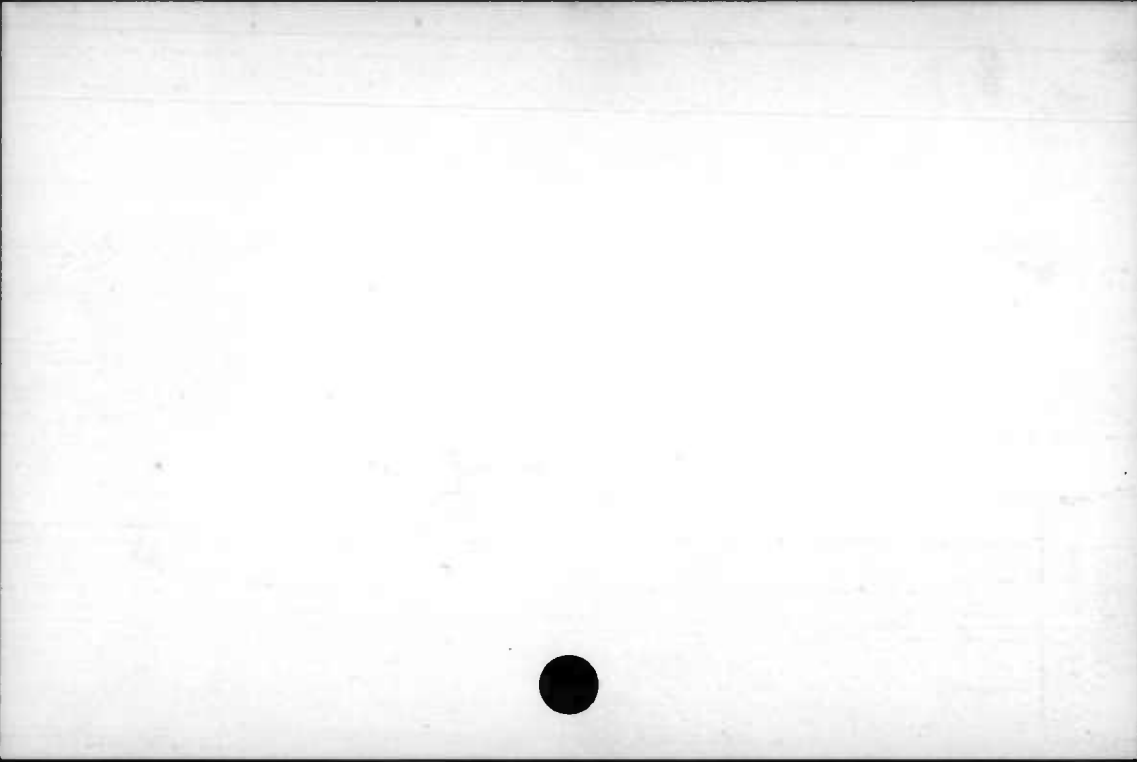
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>		How long <i>16 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Her W. Loman</i>	
		Address <i>Oadeand</i>	
Accident or Suicide?		<i>md</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Merrill</i>		County <i>Gussett</i>		MARYLAND
	Date of death	Month <i>Nov</i>	Day <i>11</i>	Years <i>81</i>	Months <i>5</i> Days <i>18</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Merrill, Md.</i>	
	Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Merrill, Md.</i>			
	Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Leah</i>			
	Father's Name <i>Wm Broadwater</i>	Father's Birthplace <i>Landon Co. Va.</i>			
	Mother's Maiden Name <i>As yet known</i>	Mother's Birthplace <i>Landon Co. Va.</i>			
	Name of person giving information <i>Johnson Broadwater</i>	How related to deceased <i>Son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>General debility</i>		How long	<i>6 months</i>
	Immediate	<i>Uterine regurgitation</i>		How long	<i>One month</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. E. Robinson, M.D.</i>		
			Address <i>Grantonville, Md.</i>		
	Accident or Suicide? <i>Neither</i>				



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Billingers*

Town

County *Gorrett*

County

Date

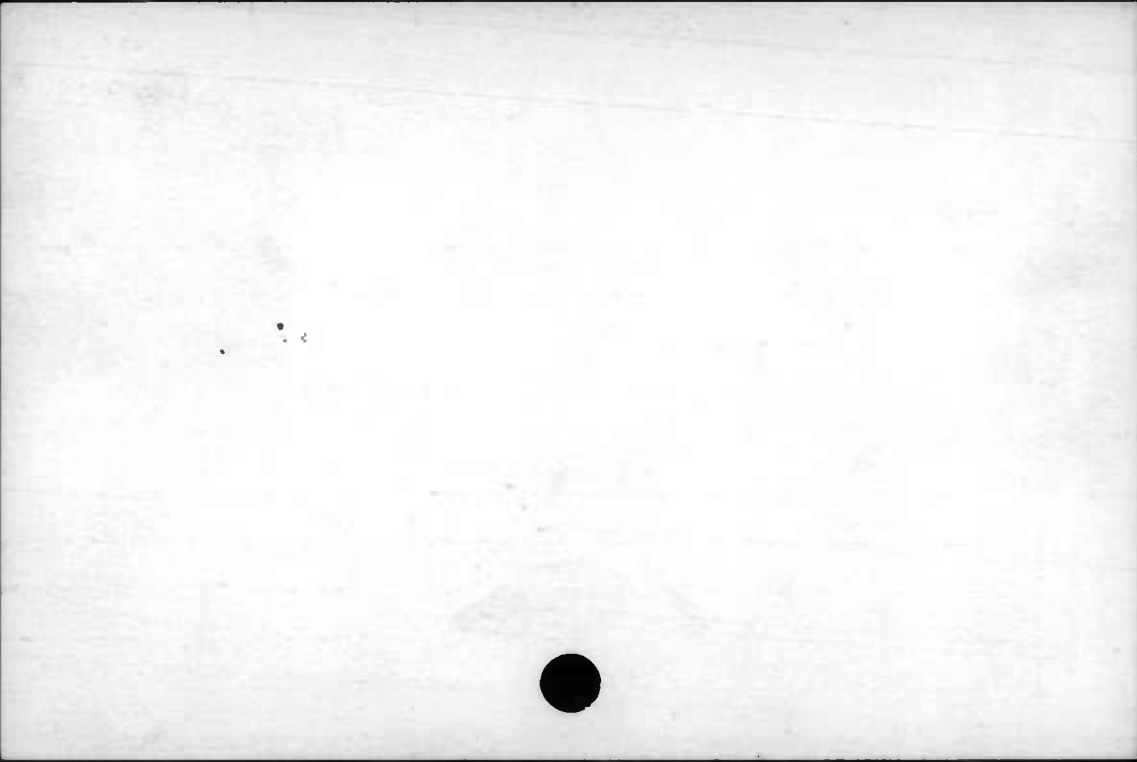
of death *1900*Month *Nov*Day *9*Years *85*Months *7*

Days

Sex *Female*Color or
Race *white*Birth-
place *Pa*Occupation *House wife*Where Residing if not
at place of death *Billingers*Married, Single
or Widowed *Widowed*Name of Wife or
Husband *William Suerst deceased*Father's
Name *John Brochy*Father's
Birthplace *Pa*Mother's
Maiden Name *Christina Livingston*Mother's
Birthplace *Pa*Name of person giving
In formation *J. J. Suerst*How related
to deceased *Son*

CAUSES OF DEATH

Primary *Senility*How long *Many years*Immediate *Influenza*How long *A few weeks*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *H. P. Bayer*Address *Accident road*Accident or Suicide? *no*



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>confluence</i>		Town <i>Jonas Fike</i>		County <i>Somerset Co</i>		State <i>Pa</i> MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov</i>	Day <i>7</i>	Age <i>19</i>	Years	Months <i>7</i>	Days <i>15</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Garrett Co. Md.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Henry Fike</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Marion Barnhart</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information <i>Henry Fike</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

Primary <i>Accident</i>	How long <i>4 hours</i>
Immediate <i>11</i>	How long <i>166</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?

Barnhouse Cemetery

Name
in
Full

Mrs Thos Little

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Oakland^{County} Garrett

Date of death 1905 Nov

Day 15

Age 34

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Boeto Md

Occupation

Hcl

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Thomas Little

Father's
Name

Mr Charles

Father's
Birthplace

Boeto Md

Mother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Nephritis

How long

1 year

Immediate

Exhaustion

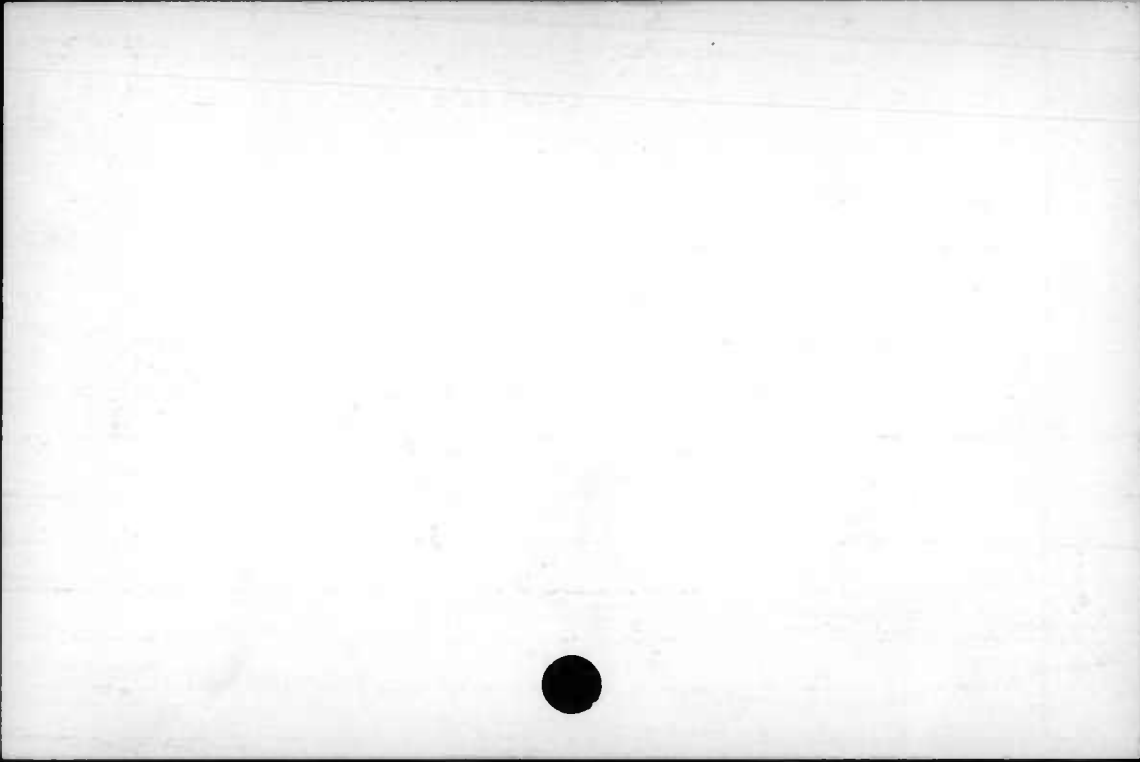
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. J. McNamee
Oakland
Md

Accident or Suicide?



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CERTIFICATE OF DEATH

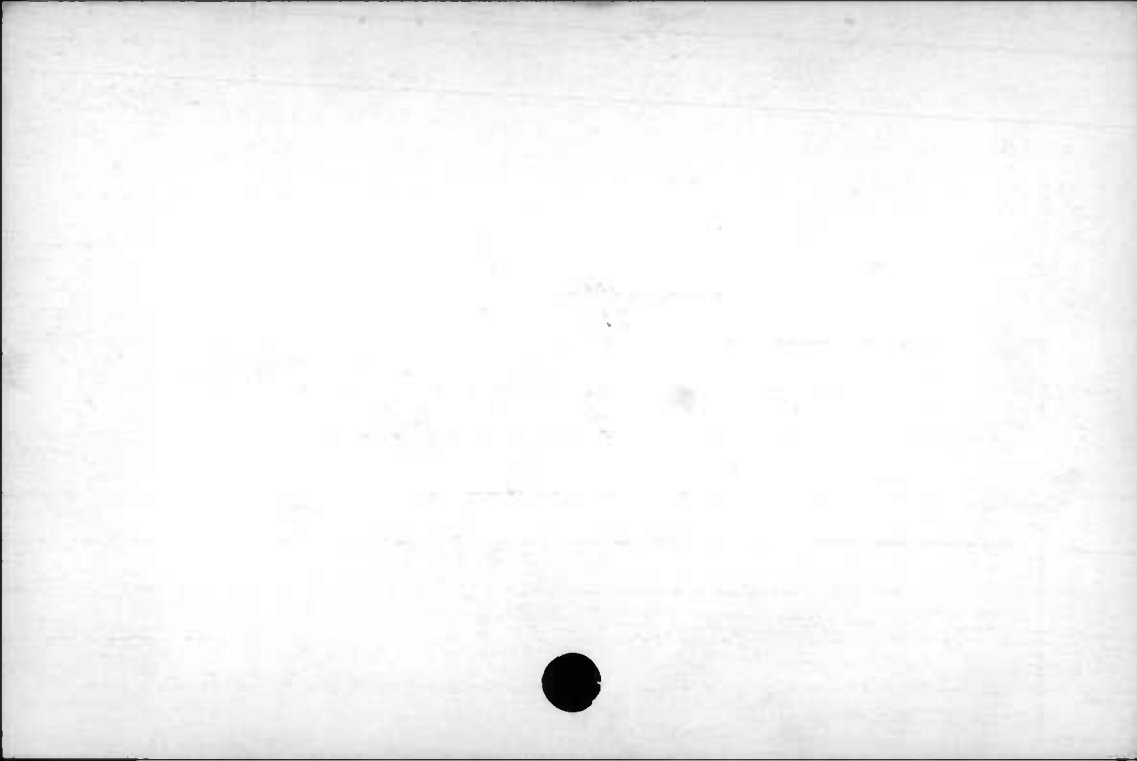
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Accident</i>		Town <i>Govert</i>		County <i>Govert</i>		MARYLAND	
Date of death 190 <i>5</i>		Month <i>Nov</i>	Day <i>3</i>	Age <i>26</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Pa</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Accident</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Sam</i>						
Father's Name <i>Peter Brachy</i>	Father's Birthplace <i>Southway</i>						
Mother's Maiden Name <i>Sally Knauer</i>	Mother's Birthplace <i>Southway</i>						
Name of person giving information <i>Samuel Miller</i>	How related to deceased <i>Nephew</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>	How long <i>3 years</i>
Immediate <i>Nephritis</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. P. Boyer</i>
	Address <i>Accident, Md</i>
Accident or Suicide?	



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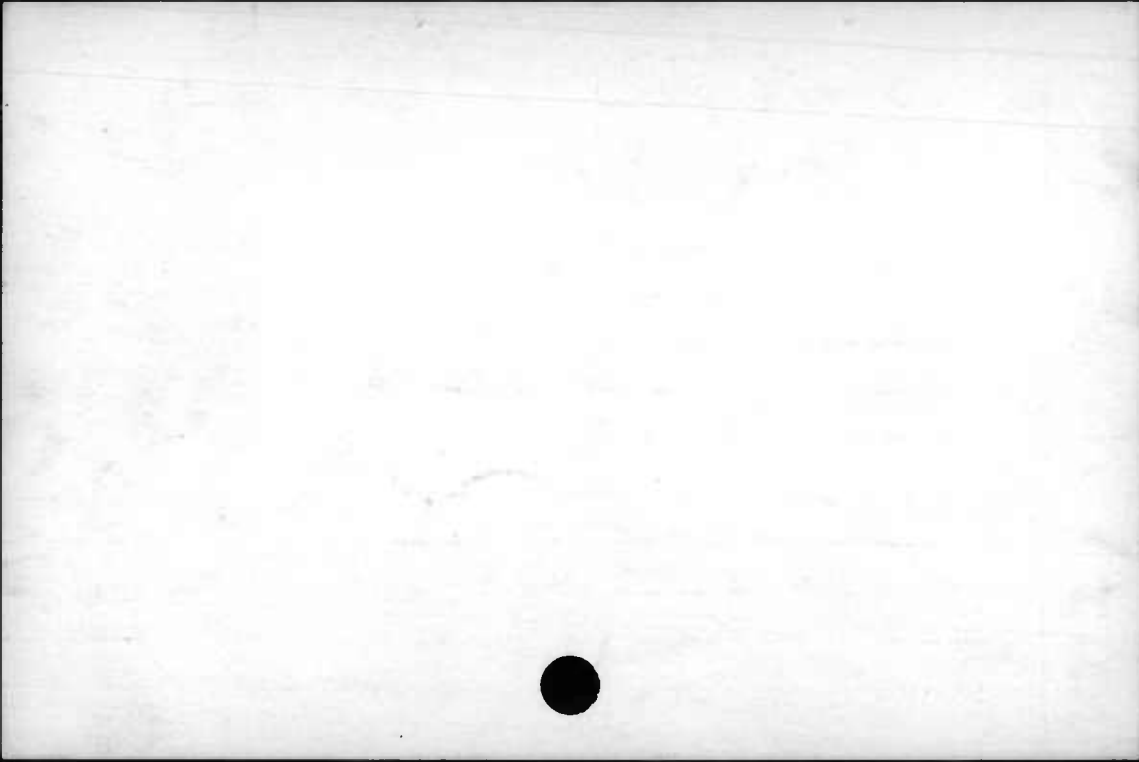
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>Graniteville</i>		County <i>Carroll</i>	
Date of death	1903	Month <i>Mar</i>	Day <i>23</i>	Age <i>3</i>	Years <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Graniteville</i>		
Occupation <i>-</i>	Where Residing if not at place of death <i>as above filed</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>J. Henry Murbach</i>	Father's Birthplace <i>Barlow Ind.</i>				
Mother's Maiden Name <i>Annie Christina Burns</i>	Mother's Birthplace <i>Lawrence Ind.</i>				
Name of person giving Information <i>John Murbach</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary <i>Also Colic</i>	How long <i>4 weeks</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. T. Robinson</i>
	Address <i>Graniteville Ind.</i>
Accident or Suicide? <i>-</i>	



Name
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John. S. Uphole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>his home</i>		Town <i>Garrett</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>18</i>	Age <i>73</i>	Months <i>6</i>	Days <i>14</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elisabeth Uphole</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>George H Uphole</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Mason</i>
	Address <i>Frederickville Md.</i>
Accident or Suicide?	



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CERTIFICATE OF DEATH

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NEAREST FRIEND

MARYLAND

Died at *Accident* TownCounty *Garrett*Date of death *1905* Month *November* Day *26th*Age *69* YearsMonths *5*Days *5*Sex *Male*Color or
Race*white*Birth-
place*Hesse-Darmstadt*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Helene, nee Mencler*Father's
NameFather's
BirthplaceMother's
Maiden Name*Amst*Mother's
BirthplaceName of person giving
In formation*Edward Zinkan*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Paralysis

How long

Immediate

complication of Paralysis

How long

*1 year*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*H. R. Beyer**Accident*
Md.

Accident or Suicide?

